

PERSONAL CHECK CASHING AGREEMENT

PRIVACY ACT STATEMENT

Disclosure is voluntary. However, the failure to provide the requested information will result in the refusal to cash your checks. Disclosure of your social security number and the information furnished will be used to identify drawers of checks returned unpaid by the drawer's financial institution to the finance/disbursing officer, to pursue collection for such unpaid checks and for other administrative and judicial purposes resulting from the return of such unpaid checks.

PLEASE PRINT/TYPE ALL INFORMATION

NAME (Last, First, Middle)		SSN:	
Organization/Location Mailing Address:		RANK/GRADE:	
		DUTY PHONE NO:	
Branch of Service:	Supervisor's Name:	Supervisor's Office Phone No:	
Home Address (Home of Record in CONUS):		Home Address (Local):	
Home Phone No:	Driver's License State/No:	Driver's License Plate:	

POWER OF ATTORNEY

I desire to execute a power of attorney, and I appoint and by these present to make, constitute and appoint the below listed individual(s) my true and lawful attorney(s)-in-fact to draw, make, endorse, and cash personal checks drawn upon any checking account which I may have as sole or joint owner. Any act performed hereunder for me or from my account shall be binding on me, my heirs, legal and personal representatives and assigns. Transactions under this authority shall be in my name and all endorsements and instruments executed by my attorney shall contain my name, followed by that of my attorney and the designation "Attorney-in-Fact."

AUTHORIZED AGENT (NAME/Signature):	AUTHORIZED AGENT (NAME/Signature):
AUTHORIZED AGENT (NAME/Signature):	AUTHORIZED AGENT (NAME/Signature):

"In consideration of the extension of the privilege to have personal checks cashed by a Department of Defense finance/disbursing officer, I hereby freely and voluntarily consent to the immediate collection from my current pay, without prior notice or prior opportunity to be heard, the face value of any check cashed by myself or my authorized agents, plus any charges assessed against the Government by a financial institution, in the event such instrument is dishonored and returned for insufficient funds or closed accounts."

DATE Signed:	SIGNATURE OF REQUESTOR:
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